

Stuart D. Trachy (Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## RECEIVED

JUL 24 2018

RE TATE

I. Name of Lobbyist(s) Stuart D. Trachy			NEW HAMPSHIR DEPARTMENT OF S
II. Name of lobbyist's partnership, fir	m or corporation, if a	ny:	The state of the s
(Name of partnership,	firm or corporation)		
Two Eagle Square, Suite 300	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822(603	)(Fax)	email strachy@aol.com	
(Telephone)	(Fax)		
III. This statement covers: (Choose of reportable expense transactions whic	h are not attributable t	o any one client).	
Enterprise Holdings		, 5	Ū
(Full Nan	ne of Client as it appears	on the Lobbyist Registration Form	n)
OR All reportable transactions by the lunrelated to any particular client.			
IV. Date of Report April 25, 2018   Reports cover: activity from date of registration to 3/31/18  October 31, 2018   activity from 7/1/18 to 9/30/18		July 25, 2018 🗷 activity from 4/1/18 to 6/30/18 January 30, 2019 🗌 activity from 10/1/18 to 12/31/1	8
V. There have been no fees received a lf this box is checked, complete just this Concord, NH 03301.	nd no reportable trans form and submit it to th	actions made since the last reporte Secretary of State's Office, State	t. 🔼 House, Room 204.
If you have paid an honorariu Expense Reimbursement	nade expenditures, you n m or reimbursed expens	nust file Addendum A Fees and less, you must file Addendum B Reportributions, you must file Addend	cport of Honorariums or
Sworn Statement/Affirmation by Lot I have read RSA 15, RSA 15-B and RS the best of my knowledge and belief.	A 664 and hereby swear	•	
Structo Vis	echy	7//7 (Date)	1/8